THIS IS YOUR CHECK → PLEASE DETACH AT PERFORATION

EXPLANATION OF MEDICARE BENEFITS

YOUR REQUEST FOR PAYMENT COVERING THOSE SERVICES DESCRIBED BELOW HAS BEEN REVIEWED AND THE EXPLANATION OF THAT REVIEW FOLLOWS.

1. SERVICES WERE PROVIDED BY	2. WHEN FROM MO.	FROM DAY	TO MO.	TO DAY	YR.	3. CHARGES SUBMITTED	4. CHARGES ALLOWED	5. REASON CHARGE NOT ALLOWED MEDICARE DOES NOT PAY FOR:	SEE REVERS A.	B
RADIOLOGICAL A			02	17	2	42.00	34.00	SEE ITEM 5 ON BACK	1	4
R A KALLSEN MD			02	17	2	50.00	40.00	SEE ITEM 5 ON BACK	1	1
R A KALLSEN MD	02	18	02	20	2	10.00	9.00	SEE ITEM 5 ON BACK	1	5
R A KALLSEN MD			02	25	2	30.00	30.00		1	5
CARDIAC STUDY			03	22	2	42.00	32.20	SEE ITEM 5 ON BACK	1	5
CARDIAC STUDY			03	22	2	26.00	16.70	SEE ITEM 5 ON BACK	1	1
TOTALS						200.00	161.90			

4/5/82
Ck. 4535697
$105.68

THIS IS NOT A BILL

		MEDICARE PAID
Inpatient radiology and pathology physician services and certain laboratories paid in full		
Amount payable at 80% after the annual deductible	161.90	
Amount applied toward annual deductible	29.80	
Balance payable at 80%	132.10	105.68
DATE APR 5, 1982 — TOTAL MEDICARE PAYMENT		105.68

THIS IS A STATEMENT OF THE ACTION TAKEN ON YOUR MEDICARE CLAIM. BE SURE TO READ THE IMPORTANT INFORMATION ON THE BACK OF THIS NOTICE.

0571 0000 N

YOU HAVE MET $75.00 OF THE DEDUCTIBLE FOR 1982

IMPORTANT WHEN WRITING PLEASE REFER TO BOTH
HI NUMBER 536-10-4978A
CO NUMBER 2090-00531 2091

SERVICES WERE PROCESSED BY:
PIERCE COUNTY MED BUREAU
1114 BROADWAY PLAZA, TACOMA
(206)597-6530 (OLYMPIA AREA 352-2269)
CONTACT THE CARRIER NAMED ABOVE FOR ASSISTANCE

REMARKS:

BENEFICIARY OR REPRESENTATIVE

WALTER L HUBER
4208 218TH ST E
SUMNER WA 98390

FORM M-104

THIS IS NOT A BILL - RETAIN THIS COPY FOR YOUR RECORDS

ALWAYS GIVE YOUR HEALTH INSURANCE CLAIM NUMBER WHEN WRITING ABOUT YOUR CLAIM. BRING THIS NOTICE WITH YOU IF YOU INQUIRE AT YOUR LOCAL MEDICARE OFFICE OR THE SOCIAL SECURITY OFFICE.

1. IMPORTANT - YOU CAN USE THIS NOTICE:

a. To show your physician or supplier how much of the annual deductible you have met as of the date of this notice.

b. As a record of bills paid or denied. (If you sent in other medical expenses not shown on this form, you will get a separate notice.)

c. To collect other insurance. If you have other health insurance, you may use this notice to claim the benefits from your private insurance policy. If you need this notice for private insurance you may wish to make a copy for your records.

2. IF YOU NEED MORE INFORMATION:

a. Check your Medicare Handbook;

b. Contact the carrier whose name and address is printed on the face of this form

c. Contact a Social Security Office.

3. TIME LIMIT FOR FILING CLAIMS:

For Services Received	File Claims By
Oct. 1, 1979-Sept. 30, 1980	Dec. 31, 1981
Oct. 1, 1980-Sept. 30, 1981	Dec. 31, 1982
Oct. 1, 1981-Sept. 30, 1982	Dec. 31, 1983
Oct. 1, 1982-Sept. 30, 1983	Dec. 31, 1984

Where a person could not file his claim within these limits because of an error or delay of the Social Security Administration or of a Medicare carrier or intermediary, the time limit may be extended if the claim is filed within 6 months after the error is corrected.

4. HOW MUCH DOES MEDICARE PAY

Medicare pays 80% of the charges in Column 4 above the annual deductible. The annual deductible is now $60.
Medicare pays 100% of the charges in Column 4 for:
(A) radiology and pathology services while you are a bed patient in a qualified hospital.
(B) Some used durable medical equipment.

5. IF PAYMENT NOT BASED ON THE FULL AMOUNT BILLED

The amount Medicare may pay under law is limited to the lowest of:

a. Customary charge, i.e., the charge made by the physician or supplier in 50% of his billings during the base year.

b. Prevailing charge, i.e., the charge made 75% of the time by other physicians or suppliers for similar services in the area during the base year. Physician services are subject to the economic index limitation.

6. YOUR RIGHT TO REVIEW OF THE CASE

If you have a problem or question about the way your claim was handled or about the amount paid, please get in touch with the carrier named on the front, within 6 months of the date of this notice.

The Social Security Office will help you file a request for review of your claim if it is more convenient.

NOTE: FROM COLUMNS A & B (FRONT)

COL. A. PLACE OF SERVICE:

1. Office 2. Home
3. Inpatient Hospital
4. Skilled Care Facility
5. Outpatient Hospital
6. Independent Lab
7. Other
8. Nursing Home
9. Independent Kidney Disease Treatment Center

COL. B. TYPE OF SERVICE:

1. Medical Care 2. Surgery
3. Consultation 4. Diagnostic X-Ray
5. Diagnostic Lab. 6. Radiation Therapy
7. Anesthesia 8. Assist at Surgery
9. Other Medical Service
0. Whole blood and packed red blood cells

6/80

INSURANCE REPORT - STATEMENT - RECEIPT
CPT AND ICDA CODES

CARDIAC STUDY CENTER, INC., P.S.
SUITE B-3010 - (NEW BUILDING)
ALLENMORE MEDICAL CENTER
TACOMA, WASHINGTON 98405
(206) 572-7320
I.D. NO. 91-091 9306

No. 6319

- [x] C.L. ANDERSON, M.D.
- [ ] J.P. NAGLE, M.D.
- [ ] G.B. STRAIT, M.D.
- [ ] E.S. LAPIN, M.D.
- [ ] N.E. WARD, M.D.
- [ ] Diane Gallagher, R.N.
- [ ] Daryl Ware, R.N.
- [ ] Patkoval, R.N.
- [ ] Nancy McPhee, R.N.

NAME Haber, Walter
DATE OF BIRTH ______ DATE 3-22-82

PHONE ______ (HOME) PHONE ______ (WORK)

Address ______

City ______

- [ ] PIERCE COUNTY MEDICAL
- [x] MEDICARE
- [ ] WELFARE
- [ ] L & I
- [ ] NO INS.
- [x] OTHER INSURANCE ______

PROFESSIONAL SERVICE		FEE	PROCEDURES		FEE
NEW PATIENT			RADIOLOGY, Chest - 2 views	71020	
Office Consultation	90620		ECG	93000 (circled)	42.00
for Dr. Kallse			ECG Single Lead	93040	
Office Consultation (inter)	90015		Treadmill	93015	
ESTABLISHED PATIENT			Double Masters	93799	
Re-evaluation consultation	90080		DCG	93274	
Cardiac Recheck ext.	90070				
Office Visit – Inter.	90060 (circled)	26.00	Echocardiogram	76620	
Office Visit – Brief	90040		Spirometry	94010	
Cath. Conference	90070				
Hospital Admit.	90215		Telephonic Pacemaker Eval.	93799	
			PACEMAKER CLINIC ☐		

COMMENTS:

ICDA DIAGNOSIS:		
Arteriosclerotic Heart Disease	414.0 (circled)	
Hypertensive Vascular Disease	402	
Cardiomyopathy	425	
Pericardial Disease	423	
Arrhythmia	427.9	
Cerebrovascular Disease	437	
Mitral Valve Disease	394	
Aortic Valve Disease	395	
Mitral & Aortic Valve Disease	396	
Congenital Heart Disease	746	
Ill-defined Heart Disease	429.9	
COPD	496	
Peripheral Vasc. Disease	440	
Chest Pain - No Heart Disease Found	786.59	
Chest Pain, Unspecified	786.50	
Congestive Heart Failure	428.0	
Functional Murmur	785.2	
Syncope	780.2	

ICDA/Diagnosis not listed above:

BILLED

ID 91-0919306

DISABILITY FROM ______

TO ______

EST. RTW ______

Return

. . . Days . 2 .Wks. . . . Mos.

Appt. Recheck.

PREVIOUS BALANCE	0
TODAY'S CHARGES	68.00
PAID Ck Ca	
BALANCE DUE	68.00

Re order from Safeguard Northwest Systems (206) 272-8383
2307 Tacoma Ave. S., Tacoma, Washington 98402 # 90045

PAYMENT SHOULD BE MADE FROM THIS STATEMENT

ROBERT KALLSEN, M. D.

INTERNAL MEDICINE
419 SOUTH L STREET
TACOMA, WASHINGTON 98405
627-5233

Walter Huber
4208 Vandermark Rd E
Sumner, Wa 98390

DATE	PROFESSIONAL SERVICES	CHARGES	PAID	BALANCE
2-17-82	Re Exam 90080	50.00		50.00
2-22-82	Stools (3) 82270	10.00		60.00
	2/18 2/19 2/20			
2-25-82	EKG 93000	30.00		90.00
	Reports	--		
	CODE			
	ASHD			
	414.0			
	BILLED			

Pay Last Amount In Balance Column

CE - Comprehensive Examination
RE - Re-Examination
OC - Office Call
BP - Blood Pressure Evaluation
HC - Hospital Care
NHC - Nursing Home Call
RC - Residence Call
EKG - Electrocardiogram
CBC - Complete Blood Count
BS - Blood Sugar
UA - Urinalysis
INJ - Injection

THIS STATEMENT IS A DIRECT COPY OF YOUR ACCOUNT
I.D. No. 472-10-8216

STATEMENT

.ARENCE L. ANDERSON, M.D.
Diplomate-American Board,
Internal Medicine
Cardiopulmonary Physiology
Cardiovascular Diseases

JOHN P. NAGLE, M.D.
Diplomate-American Board,
Internal Medicine
Diplomate-Subspecialty Board of
Cardiovascular Disease

BILLING NO. — 572-7327

APPOINTMENT NO. — 572-7320

CARDIAC STUDY CENTER, INC. P.S.

19TH & SOUTH UNION STREETS

TACOMA, WASHINGTON 98405

GAIL B. STRAIT, M
Diplomate-American
Internal Medicine
Diplomate-Subspecia
Cardiovascular Disea

EUGENE S. LAPIN,
Diplomate-American
Internal Medicine
Diplomate-Subspecia
Cardiovascular Disea

HUBER, WALTER L.
4208 218th East
Sumner, Washington 98390

REFER: Dr. Kallsen 863-6

DATE	DESCRIPTION		CHARGES	CREDIT	ADJ.	BALANCE
	414.0					
7/22/81	office 90060	A	26 00	—	—	26 00
7/22/81	ECG 93000	A	42 00	ck. 68 00	—	—
3/22/82	office 90060	A	26 00	—	—	26 00
3/22/82	ECG 93000	A	42 00	—	—	68 00

Medicare Paid

TACOMA RADIOLOGICAL ASSOCIATES, P.S.
3402 SOUTH 18th STREET — P.O. BOX 1535
TACOMA, WASHINGTON 98401-1535 (206) 383-3731

PATIENT COPY

STATEMENT

I.R.S. I.D. NO. 91-0979582

PATIENT NAME	STATEMENT DATE	PREVIOUS BALANCE
HUBER WALTER	2-25-82	.00

SERVICE DATE	CPT	DESCRIPTION OF SERVICE	AMOUNT
2-17-82	71020	CHEST 2 V PA & LAT.	42.00

ACCOUNT NO.	REFERRING PHYSICIAN	1 INPATIENT 2 OUTPATIENT 3 OFFICE	
1030037607 05	DR KALLSEN	3	42.00

SERVICES RENDERED AT:
PUGET SOUND MED BLD

PLEASE PAY LAST AMOUNT SHOWN

Metropolitan Life

Keep this part for your records

Policy Number	Date Due Month	Day	Year	Payable	Premium
20 358 709A	10	25	68	S	15.14

Current Dividend

How Used (See over)

Net Premium

Loan Principal

Loan Interest

Statement of Dividend Credit to date for dividends left with the Company

$ One-Year Term Insurance	$ Total Paid-Up Additional Insurance	$ Current Interest	$ Total Dividends With Interest

(See explanation on the reverse side)

Name of Insured ROBERT A HUBER

Amount Due $ 15.14

If you mail a check or money order, this part and your canceled check or money order stub will be your record of payment. A receipt will not be issued unless requested.

If paid by cash, or if a receipt is desired, please present both parts to the Company Representative to whom payment is made. He will acknowledge receipt of the payment by signing this form.

Metropolitan Life Insurance Company
1201 SOUTH 11TH STREET
TACOMA, WASHINGTON 98405

Paid by Check or Money Order ______________________
Number

$ ______________________ 19 ____
Amount Date

Receipt of $ __________ is hereby acknowledged with thanks.

______________________ 19 ____

____
Countersignature

Walter E. Hollenbeck
Secretary

To be valid as a receipt, this form must be countersigned by the Company Representative to whom payment is made. (Over)

Privilege of Voting for Directors

An election of Directors of the Company is held at the Home Office, 1 Madison Avenue, New York, N.Y. 10010, on the second Tuesday in April of every odd-numbered year. After one year from the date of the policy referred to on the reverse side, the holder of such policy, while it remains in force, will have a right to vote either in person or by mail. For particulars as to how to vote, apply to the Secretary at the Home Office of the Company.

Nominations for Directors

Section 198 of the New York Insurance Law requires the Board of Directors to nominate candidates described as the "Administration Ticket," and permits groups of policyholders to make other nominations not less than five months prior to the election.

Explanation of Dividend "How Used" Code

1. **Applied to premium payment,** Net Premium or a credit amount ("CR") is shown. If the dividend exceeds the premium, part of the dividend will be used to pay the premium, and the excess "CR" amount will be paid to you, unless you wish to apply the excess to the payment of interest on the policy loan (if any).

*2. **Applied under the terms of the policy to the purchase of one-year term insurance** in the amount shown, with any balance applied as indicated.

*3. **Applied under the terms of the policy to the purchase of a paid-up addition** to the amount of insurance. Total of the additions, purchased by current or prior dividends, or credited by the Company as increases to amounts previously purchased, is shown under "Total Paid-up Additional Insurance." The cash value of this insurance is at least equal to the amount of dividend or dividends applied to its purchase.

*4. **Left to accumulate at interest.** The current year's interest on the accumulation for prior years is shown under "Current Interest" with the total of the accumulation to date, including interest, shown under "Total Dividends with Interest."

*5. **Applied under the terms of the Econo-Matic Option** (Econo-Matic policies only). The amount of any one-year term insurance purchased is shown. The amount of any paid-up addition is included in "Total Paid-up Additional Insurance":—see (3) above.

Dividends, when declared, will be payable each year on the policy anniversary provided the policy is in force with all due premiums paid to that date. No entry will be made under "Current Dividend" on the reverse side unless a dividend is payable on the due date of the premium shown.

***Not available for Personal Health policies. Dividends will be applied only to reduce premiums.**

026-B (1-68) Printed in U S A

IF YOU PAY BY CHECK PAYABLE TO THE ÆTNA LIFE INSURANCE COMPANY, NO RECEIPT WILL BE SENT UNLESS REQUESTED, AS YOUR CANCELED CHECK IS A VALID RECEIPT. YOU SHOULD DETACH AND USE THIS STUB AS YOUR RECORD OF PAYMENT.

IF YOU PAY IN ANY OTHER MANNER, LEAVE THE STUB ATTACHED TO THE PREMIUM NOTICE AND RETURN WITH YOUR REMITTANCE AND A RECEIPT WILL BE SENT YOU.

PREMIUM	POLICY NUMBER	MONTHS		DATE PREMIUM IS DUE
34.12	N1208989 TAC 4	3	2	OCT. 1951

WALTER L HUBER

1514 S ADAMS ST

TACOMA WASH 6

RECORD OF PAYMENT

DATE PAID 10/20/51 CHECK NO. 1780

ÆTNA LIFE INSURANCE COMPANY - HARTFORD 15, CONN.

The Equitable Life Assurance Society of the United States

POLICY LOAN INTEREST RECEIPT

This will acknowledge receipt of the loan interest on this policy.

POLICY NUMBER	INTEREST RECEIVED DOLLARS	CTS.	DATE DUE MO.	DAY	YR.	AMOUNT OF LOAN DOLLARS	CTS.
4845742	3	50	9	5	45	70	00

Div used $0.87

Henry Greaves TREASURER,

Countersigned

This Receipt is not binding unless countersigned by a Cashier or Collecting Agent of the Society.

By [illegible] Cash.

GA 0429 43-7

The Equitable Life Assurance Society of the United States

PREMIUM RECEIPT

This receipt is our acknowledgment that payment of the premium on the policy, described below, has been received.

5.93

ALLOWED
IN SETTLEMENT OF
THIS PREMIUM ON AC-
COUNT OF DIVIDEND

DATE DUE	POLICY NO.	QUARTERLY PREMIUM
1945 SEPT.	5 4845.742	$5.93

MR. WALTER L. HUBER.
1514 S. ADAMS ST..
TACOMA. WASH.

(SEE OVER)

This receipt is not binding unless countersigned by a cashier or collecting agent of the Society, nor until the Society has received actual payment of any remittance tendered otherwise than in cash.

Henry Greaves TREASURER

COUNTERSIGNED C. C. MAGOON, CASHIER

If you have any questions about your policy, your Agent will be glad to answer them for you. Or write to

The Equitable Life Assurance Society

"Policyholders' 1326 Fifth Ave., Seattle 1, Wash.

BY

ELECTION OF DIRECTORS

The annual election of Directors of The Equitable Life Assurance Society of the *United States* is held at its home office, 393 Seventh Avenue, New York, N. Y., on the first Wednesday of December of each year, from 10 o'clock A.M. to 4 o'clock P.M. At each election twelve directors, or one-third of the membership of its Board of Directors, are elected for a term of three years beginning the first of the following January. Policyholders of the Equitable whose insurance is in force on the date of the election and has been in force at least one year prior thereto are entitled to vote in person or by proxy or by mail.

The Equitable is incorporated under the laws of the State of New York and therefore the procedure with respect to the election of its directors is set forth in the Insurance Law of the State of New York.

The law provides that at least seven months prior to the date of any election the Board of Directors shall nominate candidates for every vacancy to be filled at such election.

The law also provides that, at least five months before the date of an election of Directors, qualified voters in such election equal in number to one-tenth of one per centum of the total policies in force may make other nominations for one or more vacancies to be filled at the election by filing with the Superintendent of Insurance of the State of New York a Certificate, duly signed and acknowledged, giving the names and addresses of the candidates nominated, and by fulfilling other conditions governing such nominations as set forth in the law.

Ballots will be available at offices of the Equitable for those policyholders who desire to participate in the election.

GA 0310-41

Ætna

ALLOCATION CHANGE REQUEST

Ætna Variable Annuity Life Insurance Company
151 Farmington Avenue, Hartford, Connecticut 06156
■ One of the ÆTNA LIFE & CASUALTY companies

CONDITIONS:
1. This change will be effective when received at the Home Office of the Ætna Variable Annuity Life Insurance Company.
2. This change cannot be processed if you have made a similar change within the past three calendar months.
3. EFFECTIVE Ætna Variable Fund, Ætna Variable Encore Fund and Ætna Income Shares prospectuses must be provided to the contract owner and the annuitant/participant (if applicable) before any allocation changes are made.
4. Please enclose signed copies A & B & C in pre-addressed envelope and return to Home Office.

ANNUITANT/PARTICIPANT	CONTRACT NUMBER	BILLING GROUP	GENERAL AGENCY
		C 4041	

☐ Change the allocation of my FUTURE PURCHASE PAYMENTS To: *(The Percentage of allocation to each account must be in multiples of five (5) and the total must equal 100%)*

	PRESENT ALLOCATION	CHANGE TO
Ætna Variable Fund	%	%
Ætna Variable Encore Fund	%	%
Ætna Income Shares	%	%
Fixed Account	%	%
TOTAL	100 %	%

☒ Change the allocation of the Contract Value of my PAST PURCHASE PAYMENTS as indicated below.

CONDITIONS:
1. You must transfer at least $500., and if less than $500. is left in any investment medium, the Company reserves the right to transfer the remaining value to the new investment medium in the same proportion as this request implies.
2. You MAY NOT transfer accumulated contract values from the Fixed Account except at the commencement of annuity payments.
3. Transfers are not allowed if annuity payments have commenced.

TRANSFER: *(Indicate only % or $ to be transferred)*

% OR $	
100 % OR $	From Ætna Variable Fund
% OR $	From Ætna Variable Encore Fund
% OR $	From Ætna Income Shares
TOTAL $	

APPLY TRANSFERRED FUNDS AS FOLLOWS:

% OR $	
% OR $	To Ætna Variable Fund
% OR $	To Ætna Variable Encore Fund
% OR $	To Ætna Income Shares
100 % OR $	To the Fixed Account
TOTAL 100 % *$	*Note: Must total the same as the dollars being removed from the fund(s).

Signed at Tacoma, Wa (City and State) on 5-3-79 (Date)

Signature of Annuitant/Participant (Required on Voluntary Contract or when annuitant/participant elects the investment mix)

[signature] Signature of Owner/Title (If applicable)

Alfred P. Ella — Signature of Witness

I (we), the signatory, hereby agree to the above described application and I (we) certify I (we) have received EFFECTIVE Prospectuses for Ætna Variable Fund, Ætna Variable Encore Fund and Ætna Income Shares.

Name of Trust (If applicable)

Signature of Assignee

Signature of Witness

FOR H.O. USE ONLY

NOTE - Before this request can be processed in the Home Office ALL applicable signatures must be obtained.

(AVA-467-A) 5-78

CONTRACT OWNER'S COPY

CAT. 467618
PRINTED IN U.S.A.

AMENDMENT TO EMPLOYMENT CONTRACT
AND AUTHORIZATION TO PURCHASE ANNUITY CONTRACT

By this agreement made between WALTER L. Huber (employee)

and ~~Tacoma General Hospital~~ the Fannie C. Paddock Memorial (employer), the parties hereto agree as follows:

Effective with respect to amounts earned with pay period ending February, 1970, (which date is subsequent to the execution of this agreement), and thereafter the employer shall reduce the employee's present salary by $ 2310.00 (amount of total annual reduction of salary). The employer will pay a like amount to the PARTICIPATING ANNUITY LIFE INSURANCE COMPANY for the purchase of a nonforfeitable annuity contract to provide retirement benefits to said employee.

This agreement shall be legally binding and irrevocable as to both of the parties hereto while employment continues; provided either party may change or terminate this agreement as of the end of any pay period so that it will not apply to salary subsequently earned, by giving at least thirty (30) days' written notice of the date of said change or termination; and that no more than one agreement for such salary reduction may be made within any taxable year of the employee except to the extent otherwise permitted under Section 403 (b) of the Internal Revenue Code as amended.

This amendment shall remain in force for the duration of the employment contract except as changed or terminated within the allowable provision of this agreement hereinabove stated and if any portion of this agreement is in conflict with said contract of employment, said contract of employment will control.

That the said employer shall not be obligated to pay any amount to said insurance company in excess of an amount then due from said employer to the employee.

The amount of the salary reduction shall be paid to the PARTICIPATING ANNUITY LIFE INSURANCE COMPANY, in the following manner: this amount to made at the Rate of 210.00 @ month for eleven months

_____ No. of pay periods at $ _____ per pay period (total amount of annual reduction divided by number of pay periods).

In witness whereof the parties have hereunto set their hands and seals this 13 day of February, 1970.

ATTEST:

x W. L. Huber (Seal)
Employee

By W. L. Huber, Asst. Treas. (Seal)
Employer

Present Annual Salary $ 24000.
Soc. Security # 536-10-4978
Employee # _____
Please verify these figures before forwarding to Palic Home Office.

EMPLOYEE'S COPY

Form 250-68

AMENDMENT TO EMPLOYMENT CONTRACT AND AUTHORIZATION TO PURCHASE ANNUITY CONTRACT

By this agreement made between Walter L. Huber (employee)

and Tacoma General Hospital-Fannie C. Paddock Memorial (employer), the parties hereto agree as follows:

Effective with respect to amounts earned with pay period ending 5-2, 1971, (which date is subsequent to the execution of this agreement), and thereafter the employer shall reduce the employee's present salary by $ 917.24 (amount of total annual reduction of salary). The employer will pay a like amount to the PARTICIPATING ANNUITY LIFE INSURANCE COMPANY for the purchase of a nonforfeitable annuity contract to provide retirement benefits to said employee.

This agreement shall be legally binding and irrevocable as to both of the parties hereto while employment continues; provided either party may change or terminate this agreement as of the end of any pay period so that it will not apply to salary subsequently earned, by giving at least thirty (30) days' written notice of the date of said change or termination; and that no more than one agreement for such salary reduction may be made within any taxable year of the employee except to the extent otherwise permitted under Section 403 (b) of the Internal Revenue Code as amended.

This amendment shall remain in force for the duration of the employment contract except as changed or terminated within the allowable provision of this agreement hereinabove stated and if any portion of this agreement is in conflict with said contract of employment, said contract of employment will control.

That the said employer shall not be obligated to pay any amount to said insurance company in excess of an amount then due from said employer to the employee.

The amount of the salary reduction shall be paid to the PARTICIPATING ANNUITY LIFE INSURANCE COMPANY, in the following manner:

______ No. of pay periods at $ __________ per pay period (total amount of annual reduction divided by number of pay periods).

In witness whereof the parties have hereunto set their hands and seals this 15 day of April, 1971. The purpose of this ammendment is to provide a vehicle for the reduction of salary by $917.24 for a 7 pay period duration beginning 5-2-71 and continuing and including 7-25-71. Thereafter the salary reduction shall be $[illegible].

ATTEST:

$131.53

Walter L. Huber (Seal)
Employee

Tacoma General Hospital
By W. L. Huber (Seal)
Employer
Exec. Vice Pres.

Present Annual Salary $ ______
Soc. Security # 536-10-4978
Employee # ______

Please verify these figures before forwarding to Palic Home Office.

THIS AMENDMENT TO EMPLOYMENT CONTRACT TO REPLACE ALL PREVIOUS AMENDMENTS

EMPLOYEE'S COPY

Form 250-68

NW 182.31
Palic 131.53 add
313.84

one time 5501.23